

EXHIBIT E-2 - TAX CLAIMS SUBJECT TO MODIFICATION

CLAIM TO BE MODIFIED	CLAIM AS DOCKETED	CLAIM AS MODIFIED																								
<p>Claim: 9709 Date Filed: 07/18/2006 Docketed Total: \$1,541.53 Filing Creditor Name and Address: NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE PO BOX 5300 ALBANY, NY 12205-0300</p>	<p>Claim Holder Name and Address NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE PO BOX 5300 ALBANY, NY 12205-0300</p> <table><thead><tr><th><u>Case Number*</u></th><th><u>Secured</u></th><th><u>Priority</u></th><th><u>Unsecured</u></th></tr></thead><tbody><tr><td>05-44623</td><td>\$1,341.53</td><td></td><td>\$200.00</td></tr><tr><td></td><td><b>\$1,341.53</b></td><td></td><td><b>\$200.00</b></td></tr></tbody></table>	<u>Case Number*</u>	<u>Secured</u>	<u>Priority</u>	<u>Unsecured</u>	05-44623	\$1,341.53		\$200.00		<b>\$1,341.53</b>		<b>\$200.00</b>	<p>Docketed Total: <b>\$1,541.53</b></p> <p>Modified Total: <b>\$1,541.53</b></p> <table><thead><tr><th><u>Case Number*</u></th><th><u>Secured</u></th><th><u>Priority</u></th><th><u>Unsecured</u></th></tr></thead><tbody><tr><td>05-44623</td><td></td><td></td><td>\$1,541.53</td></tr><tr><td></td><td></td><td></td><td><b>\$1,541.53</b></td></tr></tbody></table>	<u>Case Number*</u>	<u>Secured</u>	<u>Priority</u>	<u>Unsecured</u>	05-44623			\$1,541.53				<b>\$1,541.53</b>
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		<p><b>Total Claims to be Modified: 1</b></p> <p><b>Total Amount as Docketed:</b> \$1,541.53</p> <p><b>Total Amount as Modified:</b> \$1,541.53</p>																								

\*See Exhibit G for a listing of debtor entities by case number.

\*UNL stands for unliquidated